

TOWN OF DAVIE TOWN COUNCIL AGENDA REPORT

TO: Mayor and Councilmembers

FROM/PHONE: Bruce Taylor/327-3748

PREPARED BY: Bruce Taylor

SUBJECT: Resolution

AFFECTED DISTRICT: N/A

TITLE OF AGENDA ITEM: A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA, ACCPETING THE BID FOR REHABILITATION OF LIFT STATION #5.

REPORT IN BRIEF: A competitive bid was conducted for rehabilitation of Lift Station #5. The Town sent out bid specifications to (8) prospective bidders. The Town received one (1) response. The recommendation is for Akerblom Contracting, Inc. who was the only bidder for this project. The project includes removal of existing equipment damaged during Hurricane Wilma and installation of new pumping station equipment. The existing station is completely non-functional and temporary pumps have been operating the station since the storm. We have a commitment from FEMA to pay the entire cost for this project (\$310,000).

PREVIOUS ACTIONS: Not applicable

CONCURRENCES: The recommended award has been reviewed by the Acting Utilities Director, Bid Specification Committee, and the Utilities Department's consulting engineers (Calvin, Giordano & Associates, Inc.) who all concur with the decision to award to Akerblom Contracting, Inc.

FISCAL IMPACT:

Has request been budgeted? Yes

If yes, expected cost: \$310,000

Account Name: 040-1058-536-6400

RECOMMENDATION(S): Motion to approve the resolution

Attachment(s): Resolution, Procurement Authorization, Bid Opening Report, Utilities Department Recommendation, Calvin, Giordano & Associates, Inc. Recommendation, State of Florida Public Inquiry, Town of Davie Vendor/Bidder Disclosure, Form W-9

RESOLUTION NO. R-2006-

A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA, ACCEPTING THE BID FOR REHABILITATION OF LIFT STATION #5.

WHEREAS, the Town is in need of rehabilitation of Lift Station #5 at 5001 SW 61 Avenue; and

WHEREAS, the Town solicited sealed bids for such services; and

WHEREAS, after review, the Town Council wishes to accept the bid from Akerblom Contracting, Inc.

NOW, THEREFORE, BE IT RESOLVED BY THE TOWN COUNCIL OF THE TOWN OF DAVIE, FLORIDA.

SECTION 1. The Town Council hereby accepts the bid from Akerblom Contracting, Inc., for rehabilitation of Lift Station #5 in the amount of \$310,000.00

SECTION 2. The Town Council hereby authorizes the expenditure from the Utilities Department Capital Outlay Account.

SECTION 4. This resolution shall take effect immediately upon its passage and adoption.

PASSED AND ADOPTED THIS _____ DAY OF _____, 2006.

MAYOR/COUNCILMEMBER

ATTEST:

TOWN CLERK

APPROVED THIS ____ DAY OF _____, 2006.

TOWN OF DAVIE PROCUREMENT AUTHORIZATION

<u>ACCOUNT NUMBER</u>	<u>BUDGET ITEM & DESCRIPTION</u>	<u>APPROXIMATE COST</u>
040-1058-536.6400 UTILITIES-CAPITAL OUTLAY	Capital - Replacement LS # 5	\$ 120,000.00

METHOD OF PROCUREMENT (check the one that applies)

- ☒ Open Competitive Bidding
☐ Piggyback on Contract Number _____
☐ Sole Source
☐ Request For Proposals

SPECIFICATIONS & LIST OF VENDORS MUST BE ATTACHED

Signed [Signature]
Department Head

Have Funds been Reserved REQ. 34213

Date 2/22/06 Signed [Signature]

Signed [Signature]
Town Administrator

BIDS SUBMITTED

<u>VENDOR</u>	<u>COST</u>
AKERBLOM CONTRACTING, INC.	\$ 310,000.00

Signed [Signature]
Procurement Manager

BID SPECIFICATION COMMITTEE'S RECOMMENDATION

<u>Vendor</u>	<u>Cost</u>
AKERBLOM CONTRACTING, INC.	\$ 310,000.00

BID OPENING REPORT

BID NAME: REHAB LS #5

TIME: 2:00 PM

BID NUMBER: B-06-17

DATE: 4/4/06

ESTIMATED COST: \$120,000

NO.	CONTRACTOR'S NAME	BID AMOUNT	COMMERCIAL RANKING
1.	AKERBLUM CONTRACTING	\$310,000.00	
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

REMARKS

Q. not price = \$40,000.00
SCRW generator

NOTE: THE ABOVE BID AMOUNTS HAVE NOT BEEN CHECKED, AND BID TOTALS ARE SUBJECT TO CORRECTION AFTER THE BIDS HAVE BEEN COMPLETELY REVIEWED.

THIS IS ONLY A FINANCIAL RANKING OF ALL THE BIDS RECEIVED. THE USING DEPARTMENT IS RESPONSIBLE FOR REVIEWING THE BIDS FOR COMPLIANCE WITH ALL THE BID SPECIFICATIONS PRIOR TO SUBMITTAL OF LETTER OF RECOMMENDATION.

PURCHASING OFFICIAL: [Signature]

DATE: 4/4/06

WITNESS: [Signature]

DATE: 4/4/06



Administration 797-1030
Budget & Finance 797-1050
Development Services 797-1111
Engineering 797-1113
Fire Department 797-1090
Human Resources 797-1010

Parks & Recreation 797-1145
Police Department 693-8200
Public Works 797-1240
Town Clerk's Office 797-1023
Utilities 327-3742

TOWN OF DAVIE UTILITIES 6591 Orange Drive, Davie, Florida 33314-3399 (954) 327-3742

MEMORANDUM

TO: Herb Hyman, Procurement Manager

FROM: Bruce Taylor, Acting Utilities Director *BT*

DATE: April 18, 2006

RE: Bid Recommendation - Rehabilitation of Lift Station #5

The Utilities Department would like to recommend accepting the bid from Akerblom Contracting, Inc. for rehabilitation of Lift Station #5 in the amount of \$310,000. The original cost of this job was estimated at \$120,000, however the Utilities Department does have funds available to cover the cost difference between our original estimate and the actual cost. We have reviewed the bid as well as the Project List submitted by Akerblom Contracting and feel confident that they can complete this job in a timely manner.

If you need additional information, please contact me.

:hkc



Calvin, Giordano & Associates, Inc.
EXCEPTIONAL SOLUTIONS

April 19, 2006

Bruce Taylor, Acting Utilities Director
Town of Davie
3500 Northwest 76th Avenue
Davie, Florida 33024

Re: Town of Davie – Rehabilitation of Lift Station No. 5
Recommendation of Award of Contract
Town of Davie Bid No. B-06-17
CGA Project No. 05-5582

Dear Mr. Taylor,

The project includes removal of existing equipment damaged during Hurricane Wilma and installation of new pumping station equipment. The existing station is completely non-functional and a temporary mechanical bypass pump has been operating since the storm. The project also consisted of installation of new pumps and electrical service at Lift Station No. 8 which is over capacity and is being upsized.

Notice to Bidders was advertised in a local widely circulated newspaper and a non mandatory pre-bid meeting was held March 15, 2006 resulting in one bid received and opened on April 4, 2006.

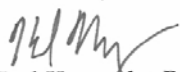
The Bid was reviewed for mathematical correctness, thoroughness of completion of forms, surety and insurance requirements, licenses and references and found to be in order.

It is recommended that the lowest responsive and responsible Bidder, Akerblom Contracting, Inc, be awarded a contract based upon lump sum bid in the total amount of \$310,000.00.

The project is scheduled for 120 days, with an estimated commencement date of May 4, 2006 and an estimated completion date of September 1, 2006.

Sincerely,

CALVIN, GIORDANO & ASSOCIATES, INC.


Karl Kennedy, P.E.
Associate

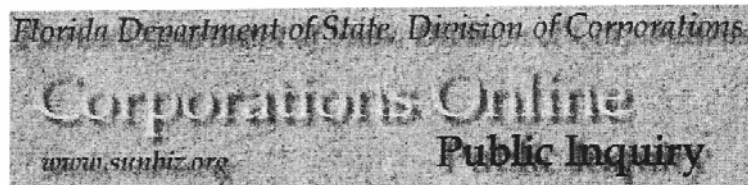
cc: Herb Hyman, Procurement Manager

Engineering
Construction Engineering
& Inspection
Municipal Engineering
Transportation Planning
& Traffic Engineering
Surveying & Mapping
Planning
Landscape Architecture
& Environmental Services
Construction Services
Indoor Air Quality
Data Technologies
& Development
Emergency Management
Services

1800 Eller Drive, Suite 600
Fort Lauderdale, FL 33316
Phone: 954.921.7781
Fax: 954.921.8807

www.calvin-giordano.com

P:\Projects\2005\055582 Davie Rehab. Lift Station No. 5\Correspondence\Letters\Recommendation of Award of Contract Letter-r.doc



Florida Profit**AKERBLOM CONTRACTING, INC.**

PRINCIPAL ADDRESS
2017 SW 28TH TERR.
FT. LAUDERDALE FL 33312
Changed 03/28/1989

MAILING ADDRESS
2017 SW 28TH TERR.
FT. LAUDERDALE FL 33312
Changed 03/28/1989

Document Number
H91923

FEI Number
592643807

Date Filed
12/26/1985

State
FL

Status
ACTIVE

Effective Date
NONE

Last Event
REINSTATEMENT

Event Date Filed
09/25/1995

Event Effective Date
NONE

Registered Agent

Name & Address
AKERBLOM, CARL E. 2017 S.W. 28 TERR. FT. LAUDERDALE FL 33312
Name Changed: 07/10/1987
Address Changed: 07/10/1987

Officer/Director Detail

Name & Address	Title
AKERBLOM, CARL E. 2017 S.W. 28TH TERR. FT. LAUDERDALE FL	PDC
AKERBLOM, CARL E 2017 SW 28TH TERRACE	T

FT. LAUDERDALE FL	
AKERBLOM, JEANNE 2017 SW 28 TERR.	V
FT. LAUDERDALE FL	
AKERBLOM, JEANNE 2017 SW SW 28 TERR	VDS
FT LAUDERDALE FL	

Annual Reports

Report Year	Filed Date
2004	02/23/2004
2005	02/21/2005
2006	03/29/2006

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No Name History Information

Document Images

Listed below are the images available for this filing.

[03/29/2006 -- ANN REP/UNIFORM BUS REP](#)
[02/21/2005 -- ANN REP/UNIFORM BUS REP](#)
[02/23/2004 -- ANN REP/UNIFORM BUS REP](#)
[04/14/2003 -- ANN REP/UNIFORM BUS REP](#)
[05/23/2002 -- COR - ANN REP/UNIFORM BUS REP](#)
[05/07/2001 -- ANN REP/UNIFORM BUS REP](#)
[05/16/2000 -- ANN REP/UNIFORM BUS REP](#)
[05/03/1999 -- ANNUAL REPORT](#)
[05/20/1998 -- ANNUAL REPORT](#)
[03/17/1997 -- ANNUAL REPORT](#)
[02/07/1996 -- 1996 ANNUAL REPORT](#)

THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT[Corporations Inquiry](#)[Corporations Help](#)

Town of Davie Vendor/Bidder Disclosure

I, CARL E. AKERBLUM being first duly sworn state that:
The full legal name and business address of the person(s) or entity contracting with the
Town of Davie ("Town") are as follows (Post Office addresses are not acceptable):

Name of Individual, Firm, or Organization: AKERBLUM CONTRACTING, INC.

Address: 2017 S.W. 28 TERRACE,
FORT LAUDERDALE, FL 33312

FEIN 59-264-3807

State and date of incorporation FLORIDA DEC 1985

OWNERSHIP DISCLOSURE AFFIDAVIT

1. If the contract or business transaction is with a corporation, the full legal name and business address shall be provided for each officer and director and each stockholder who directly or indirectly holds five percent (5%) or more of the corporation's stock. If the contract or business transaction is with a trust, the full name and address shall be provided for each trustee and each beneficiary. All such names and addresses are as follows (Post Office addresses are not acceptable):

Full Legal Name	Address	Ownership
<u>CARL E. AKERBLUM</u>	<u>2017 S.W. 28 TERR.</u> <u>FORT LAUD FL 33312</u>	<u>100</u> %
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %

2. The full legal names and business addresses of any other individual (other than subcontractors, materialmen, suppliers, laborers, and lenders) who have, or will have, any legal, equitable, or beneficial interest in the contract or business transaction with the Town are as follows (Post Office addresses are not acceptable):

Full Legal Name	Address
<u>NONE</u>	_____
_____	_____
_____	_____
_____	_____

By: [Signature]
Signature of AffiantDate: 4/21/06CARL E. AKERBLOW
Print Name

SUBSCRIBED AND SWORN TO or affirmed before me this 21st day of
April, 2006, by _____, he/she is
personally known to me or has presented MA license as
identification.

[Signature]
Notary Public, State of Florida a: Large_____
Print or Stamp of Notary_____
Serial Number_____
My Commission Expires :

Angel L. Lopez, Notary Public
Commonwealth of Massachusetts
My Commission Expires 11/17/2010

W-9
Form
(Rev. November 2005)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)

AKERBLOM CONTRACTING, INC.

Business name, if different from above

Check appropriate box:

☐ Individual/
Sole proprietor

☒ Corporation

☐ Partnership

☐ Other

☐ Exempt from backup
withholding

Address (number, street, and apt. or suite no.)

2017 S.W. 26 TERRACE

City, state, and ZIP code

FORT LAUDERDALE, FLORIDA 33312

List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN) 59-264-3807

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

1 1 1 1 1 1

or

Employer identification number

59-264-3807

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign
Here

Signature of
U.S. person

[Signature]

Date 4/21/06

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

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